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| Appeal Type: Inpatient Care | Appeal Category: Skilled Nursing Facility |
| Case Number: 0100083 | Appeal Decision: Upheld |
| Case Summary: Patient requesting services in a skilled nursing facility beyond time authorized by health plan. | Reason for Decision: External review agency determined the patient had met the goals of the treatment plan and would not benefit any further from continued services. Continued service is not medically necessary and therefore, not a covered benefit. |

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| Appeal Type: Inpatient Care | Appeal Category: Acute Level of Hospital Care |
| Case Number: 0100125 | Appeal Decision: Upheld |
| Case Summary: Patient requesting continued coverage for inpatient hospital stay. | Reason for Decision: External review agency determined that the service is custodial care which is not a covered benefit under the patient's health plan. The patient's needs can be met at a skilled nursing facility. Therefore, the inpatient hospital services are not a covered benefit. |

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| Appeal Type: Inpatient Care | Appeal Category: Out-of-Plan Surgery |
| Case Number: 0100126 | Appeal Decision: Overturned |
| Case Summary: Patient requesting endoscopic thoracic surgery with an out-of-plan provider. Health plan never received referral from primary care physician. | Reason for Decision: External review agency determined this is the proper procedure to be performed on patients with this rare condition. The insured attempted to find an in-plan provider before looking out-of-plan. Therefore, the service should be covered by the health plan. |